Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending ,

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C CONSUMERS FOR AFFORDABLE HEALTH CARE
P.O. BOX 2490
AUGUSTA, ME 04338-2490

D Employer identification number: 01-0453248

E Telephone number: (207) 622-7045

F Group Exemption Number ►

● *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Web site: ► MAINECAHC.ORG.

J Organization type (check only one) — ☒ 501(c) (04) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 7,722.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	50.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	7,610.
	4	Investment income			4	2.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5c	
	6	Special events and activities (attach schedule). If any amount is from **gaming**, check here ► ☐				
	a	Gross revenue (not including $ of contributions reported on line 1)	6a	60.		
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (line 6a less line 6b) SEE STATEMENT 1			6c	60.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7c	
	8	Other revenue (describe ►)			8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►			9	7,722.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	1,275.
	14	Occupancy, rent, utilities, and maintenance			14	1,708.
	15	Printing, publications, postage, and shipping			15	1,068.
	16	Other expenses (describe ► SEE STATEMENT 2)			16	9,431.
	17	**Total expenses** (add lines 10 through 16) ►			17	13,482.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18	-5,760.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	-25,875.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►			21	-31,635.

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Part II Balance Sheets – If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

	(See Instructions)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,869.	22	9,235.
23	Land and buildings		23	
24	Other assets (describe ►)		24	
25	**Total assets**	1,869.	25	9,235.
26	**Total liabilities** (describe ► SEE STATEMENT 3)	27,744.	26	40,870.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-25,875.	27	-31,635.

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Part III Statement of Program Service Accomplishments (See Instructions)

What is the organization's primary exempt purpose? SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	SEE STATEMENT 5 (Grants $)	28a	13,457.
29	(Grants $)	29a	
30	(Grants $)	30a	
31	Other program services (attach schedule) .... (Grants $)	31a	
32	**Total program service expenses** (add lines 28a through 31a) .... ►	32	13,457.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions) SEE STATEMENT 7

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions .... ► 37a 0.		
b	Did the organization file **Form 1120-POL** for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved .... 38b N/A		
39	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 9 .... 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities .... 39b N/A		
40a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 .... ► 0.		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization .... ► 0.		

41 List the states with which a copy of this return is filed ► NONE

42 The books are in care of ► JOSEPH P. DITRE Telephone no. ► (207) 622-7045

Located at ► P.O. BOX 2490 AUGUSTA, ME ZIP + 4 ► 04338-2490

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* **Form 1041** — Check here .... ► ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year .... ► 43 N/A

[redacted] Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is [redacted]ased on all information of which preparer has any knowledge.

03-30-05 ► Joseph Ditre, Exec. Dir.

Date Type or print name and title

Date Check if Preparer's SSN or PTIN (See

[redacted]

STATEMENT 1
FORM 990-EZ, PART I, LINE 6
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPECIAL EVENTS	60.	0.	60.	0.	60.
TOTAL	$ 60.	$ 0.	$ 60.	$ 0.	$ 60.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK AND ADMIN	$ 25.
CONFERENCES, CONVENTIONS, AND MEETINGS	113.
INSURANCE	191.
LICENSES AND FEES	20.
LOBBYIST	962.
OTHER CONTRACTORS	7,180.
SUPPLIES	421.
TELEPHONE	519.
TOTAL	$ 9,431.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 4,048.	$ 0.
DEFERRED REVENUE	0.	350.
MORTGAGES AND OTHER NOTES PAYABLE	23,696.	40,520.
TOTAL	$ 27,744.	$ 40,870.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CAHC PROVIDES MEMBERS OF THE PUBLIC, LOCAL BUSINESSES AND ORGANIZATIONS WITH INFORMATION ABOUT AFFORDABLE HEALTH COVERAGE PROGRAMS OPERATED BY THE STATE OF MAINE, AS WELL AS OTHER PUBLIC AND PRIVATE PROGRAMS.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CAHC CONDUCTS TRAININGS TO ENABLE ATTENDEES TO DETERMINE THEIR CLIENT'S ELIGIBILITY FOR CERTAIN PROGRAMS. CAHC PARTICPATES IN NUMEROUS MEDIA CONFERENCES TO ANNOUNCE THE AVAILABILITY OF SOCIAL PROGRAMS THAT PROVIDE HEALTH COVERAGE TO LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES. CAHC MAINTAINS A WEBSITE AND LISTSERVE THAT PROVIDES HEALTH CARE COVERAGE INFORMATION TO THOUSANDS OF INDIVIDUALS STATEWIDE.		13,457.
	$ 0.	$ 13,457.

STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CAROL CAROTHERS 1 BANGOR STREET AUGUSTA, ME 04330	DIRECTOR AS NECESSARY	$ 0.	$ 0.	$ 0.
NICOLE CLEGG 92 DARLING AVENUE SOUTH PORTLAND, ME 04106	DIRECTOR AS NECESSARY	0.	0.	0.
CATHERINE STAKEMAN P.O. BOX 5065 AUGUSTA, ME 04332	DIRECTOR AS NECESSARY	0.	0.	0.
BOB GOLDMAN 27 BOWERY BEACH ROAD CAPE ELIZABETH, ME 04107-2508	DIRECTOR AS NECESSARY	0.	0.	0.
BRIAN KETCHEN P.O. BOX 390 WINTHROP, ME 04364	AS NECESSARY	0.	0.	0.
ALICE KNAPP P.O. BOX 278 RICHMOND, ME 04357	DIRECTOR AS NECESSARY	0.	0.	0.
NED MCCANN 65-71 STATE STREET AUGUSTA, ME 04330	DIRECTOR AS NECESSARY	0.	0.	0.

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARC MUTTY P.O. BOX 11559 PORTLAND, ME 04103	AS NECESSARY	$ 0.	$ 0.	$ 0.
KATHRYN PEARS P.O. BOX 41 PHIPPSBURG, ME 04562	DIRECTOR AS NECESSARY	0.	0.	0.
PAT PHILBROOK 160 CAPITOL STREET AUGUSTA, ME 04332	DIRECTOR AS NECESSARY	0.	0.	0.
NEENA QUIRION P.O. BOX 1072 AUGUSTA, ME 04332	DIRECTOR AS NECESSARY	0.	0.	0.
JANE SCEASE 212 CATHANCE ROAD TOPSHAM, ME 04086	DIRECTOR AS NECESSARY	0.	0.	0.
DAN SHAGOURY 177 SECOND STREET HALLOWELL, ME 04347	AS NECESSARY	0.	0.	0.
SARAH STANDIFORD P.O. BOX 15 HALLOWELL, ME 04347-0015	DIRECTOR AS NECESSARY	0.	0.	0.
SALLY SUTTON 152 FORT ROAD SOUTH PORTLAND, ME 04106	PRESIDENT AS NECESSARY	0.	0.	0.
NANCY ZURBACK, MD 7 SECOND STREET HALLOWELL, ME 04347	DIRECTOR AS NECESSARY	0.	0.	0.
JOSEPH DITRE, ESQ. P.O. BOX 2490 AUGUSTA, ME 04338-2490	EXECUTIVE DIREC AS NECESSARY	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

STATEMENT 7
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO